

Discussion & Conclusion The changes in palatal shelf length following anterior palate repair has shown to be significant with a SPSS paired T-test (95% confidence interval, $p < 0.05$), although they are relatively small changes. This effect has not been commented on in previous literature.

0029 RISK PREDICTION FOR COMPLICATIONS FOLLOWING PANCREATICOUDUODENECTOMY

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Background: Pancreaticoduodenectomy is associated with significant morbidity. The aim of this study was to identify clinical predictors for complications following pancreaticoduodenectomy.

Method: A review of 50 consecutive patients that had undergone pancreaticoduodenectomy between 2006 and 2008 was performed. Patient age, co-morbidity, pre-operative bilirubin and haemoglobin, pre-operative biliary drainage, interval to surgery, need for peri-operative blood transfusion and histological stage were evaluated. Logistic regression was used to determine clinical predictors for post-operative complications.

Results: 50 patients (26 male) median age 65.5 years (range 38–84) were assessed. All patients presented with jaundice. 86% had undergone pre-operative biliary drainage (median bilirubin 18.5 $\mu\text{mol/l}$). 22% had stage II and 68% had stage III disease. 14 patients had early complications (pancreatic fistula=7; chest infection=3; abdominal collection=2; ileus=1; sepsis=1). There was one treatment related death. An interval to surgery of >4 weeks was associated with an increased rate of post-operative complications ($p=0.029$). No other clinical predictors for complications were identified.

Conclusions: A delay to surgery is associated with an increased rate of complications following pancreaticoduodenectomy.

0031 IS ROUTINE GROUP AND SAVE IN PATIENTS PRESENTING WITH RIGHT ILIAC FOSSA PAIN COST EFFECTIVE?

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Introduction: Group and Save (G&S) is often requested routinely for patients admitted with Right Iliac Fossa (RIF) pain. Current transfusion guidelines only focus on elective surgery, and there is a lack of guidance for emergency admissions.

Objective: To determine the incidence of blood transfusion in patients who present with RIF pain and hence the cost effectiveness of routine G&S.

Method: A retrospective review of the medical records of all adult surgical admissions to a District General Hospital with RIF pain in a 6 month period.

Results: A total of 245 patients were identified. G&S was requested in 188 (77%) on admission, costing £3.50–£5 per patient depending on serum antibodies. Operations were performed on 106 patients (43%). Only 3 patients (1.2%) needed blood transfusion. None required emergency transfusion. None of the 57% of patients treated conservatively required transfusion.

Discussion: RIF pain is a very common presentation, but these patients rarely require transfusion. Routine G&S has resource implications, and is unnecessary in over 98% of patients. It should be reserved only for those patients at high risk of needing a blood transfusion.

0038 MERCURY INJECTION INTO BREAST TREATED BY THERAPEUTIC MAMMOPLASTY

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Introduction: Self-injection of mercury into breast has not been reported before.

Case report: A 45-year-old woman presented following self-injection of metallic mercury into her both breasts. Her past medical history included personality disorder, acid reflux and self-harm. Her observations were stable, GCS was 15/15, and there was no focal neurological deficit. Breast

examination revealed two puncture sites located 2 cm above the nipples bilaterally, associated with bruising. Routine haematological and biochemical investigations were unremarkable. Chest X-ray showed bilateral metal deposits. Decisions of multidisciplinary team involving radiologists, toxicologists, psychiatrists and breast surgeons favoured surgery for removal of mercury and monitoring of mercury levels. An exploration after eight hours, aided by image intensifier, confirmed that mercury was not localised to the sites of injection any more. The procedure was postponed. Double-view mammogram showed diffuse spread of mercury droplets. She subsequently underwent excision of large areas of affected breast tissue, followed by bilateral mastopexy. Serum mercury level was 92.1 nmol/l on day 2 (normal <30nmol/l).

Discussion: The treatment options for mercury injection into breast include surgery and use of chelating agents. Wide excision of affected breast tissue followed by mastopexy helps avoid mastectomy and lessens the need for systemic treatment.

0041 OCULAR TRAUMA: THE BURDEN OF PREVENTABLE EYE INJURY

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Aims: To ascertain the demographic characteristics of patients presenting with ocular trauma, the risk factors associated with it and analyse the role of preventative eyewear on the current burden of eye injuries.

Methods: A retrospective case note analysis of eye casualty department-treated patients with ocular trauma over a period of six months was carried out at Ninewells hospital, Dundee. The main investigating parameters included the cause, type, location, main activity/object and time of eye injury. Patient's awareness of risk and safety were also collated.

Results: A total of 154 cases were analysed. Men presented with ocular trauma more often than women (61% versus 39%). The most common cause was accidental (82.5%), involving a blunt-type, closed globe injury (87.7%). The most frequent object/activity causing injury was sports-related (70.1%). Young men, within 15–24 years age commonly presented with potentially preventable sports-related eye injuries ($n=34$). There was a greater uptake of protective eye wear when available amongst women (66.7%) than men (46.2%).

Conclusion: Ocular trauma continues to be an important cause of avoidable visual morbidity. This study demonstrates the need for effective preventative intervention, targeting vulnerable groups, namely young men engaging in sports-related activity to significantly reduce the burden of serious ocular injury.

0044 A RETROSPECTIVE ANALYSIS OF COMPLICATIONS FOLLOWING REVERSAL OF LOOP ILEOSTOMY

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Introduction: We undertook a retrospective analysis of patients that underwent reversal of loop ileostomy. The aim was to examine the post-operative morbidity and mortality and identify possible precipitating factors.

Methods: All loop ileostomy reversals performed between December 2006 and May 2008 at a single UK district general hospital were included for study. Fisher's exact test and the independent samples t-test were used for statistical analyses.

Results: 41 patients were identified and included for analysis. 39 were planned elective procedures. The male to female ratio was 24:17 (1.4:1). The mean age was 62 years (range 22–83). Post-operative complications occurred in 18 (44%) patients. The most common complication was wound infection in 7 (17%) patients. There was a single case of anastomotic leak and no deaths. Age at time of surgery, grade of the surgeon, operative time, closure technique (stapled or hand sewn) and time between formation and closure of the ileostomy were not significant predictors of post-operative morbidity.

Conclusions: The morbidity associated with closure of loop ileostomy is an important factor when contemplating the risk and benefit of ileostomy formation to defunction distal anastomoses. Patient factors are likely to be